

WED 17 2018

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LEGISLATIVE RESOURCE CENTER
UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT
FORM B
For New Members, Candidates, and New Employees

18 FEB 27 PM 1:22


 U.S. HOUSE OF REPRESENTATIVES
 (Office Use Only)

Name:	Jackie Patton		
	Daytime Telephone: _____		
FILER STATUS	New Member of or Candidate for U.S. House of Representatives <input checked="" type="checkbox"/>	State: OH District: 12	<input type="checkbox"/> Check if Amendment
	Candidates – Date of Election: <input type="checkbox"/>	May 08/2018	
	New Officer or Employee <input type="checkbox"/>	Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input checked="" type="checkbox"/> Principal Assistant	Period Covered: January 1, 2017 to January 31, 2018
	Employing Office: _____	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?		
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Jackie Patton

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SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Jackie Patton

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset												BLOCK C Type of Income												BLOCK D Amount of Income																					
SP	ASSET NAME	EF	A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII								
	Columbus Board of Educ. 403 (B) Plan															None																															
	-VIP BlackRock Div	X														\$1-\$1,000																															
	-Fiduciary Account	X														\$1,001-\$15,000																															
	-American Funds Growth	X														\$15,001-\$50,000																															
	-Amer. Funds Int'l	X														\$50,001-\$100,000																															
	-Fidelity VIP Contra Fund	X														\$500,001-\$1,000,000																															
	-VIP Blended Lg Cap	X														\$1,000,001-\$5,000,000																															
	-VIP Del. Stoc. Awards	X														\$5,000,001-\$50,000,000																															
	-VIP SSGA S&B 500	X														Over \$50,000,000																															
	-AB Vas Global Thematic	X														Spouse/DC Asset over \$1,000,000*																															
	-Delaware VIP SMID Cap	X														NONE																															
	State Teachers Retirement System Pension	X														DIVIDENDS																															
	Ohio Public Employee Retirement System Pension	X														RENT																															
	DC Trustmark Universal Life Insurance Policy	X														INTEREST																															
	DC Trustmark Universal Life Insurance Policy	X														CAPITAL GAINS																															
	DC Trustmark Universal Life Insurance Policy	X														EXCEPTEED/BLIND TRUST																															
	DC Trustmark Universal Life Insurance Policy	X														TAX-DEFERRED																															
	DC Trustmark Universal Life Insurance Policy	X														Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																															
	DC Trustmark Universal Life Insurance Policy	X														None																															
	DC Trustmark Universal Life Insurance Policy	X														\$1-\$200																															
	DC Trustmark Universal Life Insurance Policy	X														\$201-\$1,000																															
	DC Trustmark Universal Life Insurance Policy	X														\$1,001-\$2,500																															
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	DC Trustmark Universal Life Insurance Policy	X														Over \$5,000,000																															
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	DC Trustmark Universal Life Insurance Policy	X														\$1,000,001-\$5,000,000																															
	DC Trustmark Universal Life Insurance Policy	X														Over \$5,000,000																															
	DC Trustmark Universal Life Insurance Policy	X														Spouse/DC Income over \$1,000,000*																															

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: Jackie Patton

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDED: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,485. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: **Jackie Patton**

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Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
	Example First Bank of Wilmington, DE	5/08	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
SP	Dennis Space	06/2015	Guarantee on business line of credit	X										

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Board/Committee Member	Central Ohio School Nurse Association
Board/Committee Member	National Association for Chronic Disease- Director, School Employee Wellness Advisory Group
Board/Committee Member	Action for Healthy Kids- Urban School Wellness Association
Board/Committee Member	Columbus Public Health- Chronic Disease Prevention Steering Committee and Committee
Board/Committee Member	United Way of Central Ohio- Healthy Corner Store Committee

SCHEDULE D – LIABILITIES

Name: Jackie Patton

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SP. DC/JT	Creditor	Date Liability Incurred MONYR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE		\$10,001-\$15,000									
					\$15,001-\$50,000									
					\$50,001-\$100,000									
					\$100,001-\$250,000									
					\$250,001-\$500,000									
					\$500,001-\$1,000,000									
					\$1,000,001-\$5,000,000									
					\$5,000,001-\$25,000,000									
					\$25,000,001-\$50,000,000									
					Over \$50,000,000									
					Over \$1,000,000* (Spouse/DC Liability)									

SCHEDULE E – POSITIONS

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Position	Name of Organization
Board/Committee Member	United Way of Central Ohio- Health Impact Areas Results Committee
Board/Committee Member	Mid-Ohio Food Bank- Integrated Response To Hunger Committee
Board/Committee Member	The Ohio State College of Public Health- Food Insecurity Group Building Initiative For Food & Agriculture Transformation
Board/Committee Member	Healthy Business Council of Ohio
Board/Committee Member	Columbus City Schools Joint Insurance Committee

SCHEDULE D – LIABILITIES

Name: Jackie Patton

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SP DC, JR	Creditor	Date Liability Incurred MO/YR	Amount of Liability									
			A	B	C	D	E	F	G	H	I	J
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				\$10,001-\$15,000					
							\$15,001-\$50,000					
							\$50,001-\$100,000					
							\$100,001-\$250,000					
							\$250,001-\$500,000					
							\$500,001-\$1,000,000					
							\$1,000,001-\$5,000,000					
							\$5,000,001-\$25,000,000					
							\$25,000,001-\$50,000,000					
							Over \$50,000,000					
							Over \$1,000,000* (Spouse/DC Liability)					

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Board/Committee Member	National Association For Uniformed Services
Board/Committee Member	Sepsis Alliance
Board/Committee Member	National Education Association
Board/Committee Member	Ohio Education Association
Board/Committee Member	Central Ohio Education Association

SCHEDULE F – AGREEMENTS

Name: Jackie Patton

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
2018	Columbus City Schools	Annual employment agreement
2000	State Teachers Retirement System	Pension Plan
2000	Ohio Public Employees Retirement System	Pension Plan

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

Name: Jackie Patton

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Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

Name: Jackie Patton

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Use additional sheets if more space is required.